Rev. 06/95

OFCI ADATION and DOWED OF ATTORNEY

DM6993

	A CENT	errior and row		. 143 4				
As a below-named	inventor, Control declare that:							
	office address and citizenship are							
I believe I am the o	original, first and sole inventor (if o	only one name is listed bel	ow) or an original, first	and joint inventor (if plural names are liste				
below) of the subje	below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:							
	METHOD	FOR LOCALIZATION	OF BLOOD CLOTS					
the specification of	f which is attached hereto unless th							
				tion No and was amended				
was filed on as U.S. Application No or PCT International Application No and was amended on (if applicable).								
		a contents of the chave ide	mtified amonification inc	luding the claims, as amended by any				
•	I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.							
I acknowledge the	duty to disclose information which	n is known to me to be mat	erial to patentability as	defined in 37 CFR § 1.56.				
I hereby claim foreign priority benefits under 35 U.S.C. § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or PCT International application having a filing date before that of the application on which priority is claimed.  Application No. Country Filing Date Priority Claimed (Yes/No)								
The makes also see also	1 51 25 II S C	Carrier d Chatan Dunasia	in-al A-aliantian(a) list	ad balow				
	benefit under 35 U.S.C. § 119(e) o	of any United States Provis						
U.	S. Provisional Application No.		·	J.S. Filing Date				
	60/126,359		( ) 0.065( ) 0	3/26/99				
I hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s), or § 365(c) of any PCT International Application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application or PCT International Application in the manner provided by the first paragraph of 35 U.S.C. § 112, I acknowledge the duty to disclose information which is known to me to be material to patentability as defined in 37 CFR § 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.  Application No.  U.S. Filing Date  Status (patented, pending or abandoned)								
POWER OF ATTORNEY: I hereby appoint the following attorney(s) and/or agent(s) the power to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:								
	air Q. Ferguson		Registration No.:	34,329				
	rald J. Boudreaux			35,073				
	ren H. Kondrad			38,212				
	ott K. Larsen			38,532				
	ureen P. O'Brien			42,043				
	rbert Reinert			18,926				
	ry K. VanAtten			39,408				
Kei	nneth B. Rubin			36,295				
Ros	semarie R. Wilk-Orescan			P45,220				
Send corresponden	ice and direct	DuPont Pharmaceutica	ls Company	Tel. No.				
telephone calls to:		c/o E. I. du Pont de Nen	nours and Co.	(302)				
		Legal – Patents		·				
		1007 Market Street						
		Wilmington, DE 19898	, U.S.A.					
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are								
believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are								
punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements								
may jeopardize the validity of the application or any patent issuing thereon.								
INVENTOR(S)								
Full Name	Last Name	First Name		Middle Name				
of Inventor	LAZEWAŢŞKY	JOEL		·				
Signature (please sign full name):  Residence & City  Date: 3/2/1/20,  Country of Citizenship								
Signature (piease sign	n full name):	100		Date: $3/2/a\bar{b}$ ,				

Additional Inventors are being named on separately numbered sheets attached hereto.

DECLARA	TION AND POWER OF AT	TORNEY - Page	, Docket No.:		
Citizenship	AUBURNDALE	MASSACHUSETTS	US		
Post Office Address	Post Office Address 32 WOODLAND RD.	City AUBURNDALE	State or Country MASSACHUSETTS	Zip Code 02466	
Full Name of Inventor	Last Name	First Name	Middle Name		
Signature (please sign full name):			Date:		
Residence & Citizenship	City	State or Foreign Country	Country of Citizenship		
Post Office Address	Post Office Address	City	State or Country	Zip Code	